

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000027825 (3)
 1. Corporation Name
CLARENDON SELECT INSURANCE COMPANY



Principal Place of Business 1545 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308	Mailing Address 1545 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3352324	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DIRECTOR, CHAIRMAN
STREET ADDRESS		1.3 STREET ADDRESS	RALPH MILO
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1177 6TH AVE. NEW YORK, N.Y. 10036
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DIRECTOR, PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	ROBERT D. FERBUSDON
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1177 6TH AVE. NEW YORK, N.Y. 10036
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR, TREASURER
STREET ADDRESS		3.3 STREET ADDRESS	CARL J. WILDNER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1177 6TH AVE. NEW YORK, N.Y. 10036
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR, VP
STREET ADDRESS		4.3 STREET ADDRESS	WILLIAM ROCHE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1177 6TH AVE. NEW YORK, N.Y. 10036
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DIRECTOR, SECRETARY
STREET ADDRESS		5.3 STREET ADDRESS	JOSEPH S. LABELL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1177 6TH AVE. N.Y. N.Y. 10036
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____ **2/5/98 212-805-9700**

CP2E034 (10/97)